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Have we now come too far in our resistance to death?

"upstream" to earlier stages in the disease process—and the inclusion of chronic, life limiting conditions—promotes the rhetoric of quality of life versus a good death. Consider the following, from an Italian study of quality of life and outcomes in palliative care: "Dying during the study period is a strong indicator of patients who entered the palliative care intervention in very poor health conditions. We expected and observed a worst [quality of life] outcome for patients like these."[21] The authors could be forgiven for implying that the patients had somehow got things wrong.

Is this evidence of the medicalisation of death? In part only. Paradoxically, what we are seeing is the medicalisation of palliative care, a specialty that opens up a space somewhere between the hope of cure and the acceptance of death. In doing so, it makes a classic appeal to the desires of "patients" in a modern culture, where we dread not so much the state of death as the process of dying. In this sense it is more appropriate to view medicalisation as the expected rather than unintended outcome of the growth of palliative care, especially in the British context, where medical pioneers are central to its history.

Conclusion

What light does this shed on the original critique of the medicalisation of dying? At the time Illich was writing, the mid-1970s, a much more unitary and optimistic view of medicine was in evidence than exists today, and this was a basis for his critique. Now the modern medical system is pervaded with doubt, scepticism, and a mistrust of expert claims. In a sense he has won the argument. Medicine has become more disassembled and further divided into micro-specialisms. In this context, is palliative medicine contributing to the medicalisation of death, despite its early intentions? The answer is probably yes; and for some patients, pain and other physical suffering are better controlled as a result. It is inappropriate to see this as an example of either medical imperialism or the world we have lost. The challenge for palliative physicians is no different to that facing their counterparts elsewhere in medicine: how to reconcile high expectations of technical expertise with calls for a humanistic and ethical orientation for which they are largely unselected and only partially trained.

Box 2: Elements of a "good death" in modern Western culture

- Pain-free death
- Open acknowledgment of the imminence of death
- Death at home, surrounded by family and friends
- An "aware" death—in which personal conflicts and unfinished business are resolved
- Death as personal growth
- Death according to personal preference and in a manner that resonates with the person's individuality

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Endpiece

Trapped between two evils

The consequences of this continuing modernist deconstruction of mortality have brought us to the current postmodernist impasse in which dying patients are trapped between two evils: a runaway medical technology of ventilators, surgeries, and organ transplants that can keep bodies alive indefinitely and—as if this prospect were not frightening enough—an understandable but reckless public clamor for physician-assisted suicide as the only alternative to such ignominious physician-assisted suffering.

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